STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (EST. 7/2004)

Instructions: Prior to performing the contract, the disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code, Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties.)

| | SECTION 1 | |
|--|--|--|
| Name of certified DVBE: | DVB | E Ref. Number: |
| PO/Contract Description (materials/supplies | s/services/equipment): | |
| Bid/Contract Number: | SCPRS Ref. Number: | |
| | OFOTION 6 | |
| APPLIES TO ALL DVDT OL 1 | SECTION 2 | • . |
| APPLIES TO ALL DVBEs. Check only on | e box in Section 2 and provide original | signatures. |
| I (we) declare that the <u>DVBE is not a branched in the policy of the pol</u> | oker or agent, as defined in Military and Vernet described above. | eterans Code Section 999.2 (b), of |
| principal(s) listed below or on an attach | Section 999.2 (f), I (we) declare that the ned sheet(s). (Pursuant to Military and Vequipment brokers pursuant to contracts as participation goal.) | terans Code 999.2 (e), State funds |
| All DV owners and managers of the D\ (Attach additional pages with sufficient signature | /BE must sign below under penalty of perblocks for each person to sign): | erjury. |
| (Printed Name of DV Owner/Manager) | (Signature of DV Owner/ Manager) | (Date Signed) |
| (Printed Name of DV Owner/Manager) | (Signature of DV Owner/Manager) | (Date Signed) |
| Firm/Principal for whom the DVBE is ac (If more than one firm, list on extra sheets.) | cting as a broker or agent: | (Print or Type Name) |
| Firm/Principal Phone: | _ Address: | |
| | SECTION 3 | |
| APPLIES TO ALL DVBEs THAT PROVIDE | | BE IS NOT A BROKER: |
| ownership of the DVBE, or a DV managed value) that will be used to perform the State by representing that the DVBE meets a DV owners, have submitted to the admendant annually thereafter as defined in su | Section 999.2 (c), (d) and (g), I am (we a ger(s) of the DVBE. I (we) own at least 51 State of California contract identified above and maintains all of the requirements for ceinistering agency my (our) personal federal absections (c) and (g). Failure by the disable ministering agency as defined in subsections of the contract of the | % of the equipment (quantity and e. The DVBE obtained the contract entification as a DVBE. I (we), the all tax return(s) at time of certification of the object veteran owner(s) to submit their |
| Disabled Veteran Owner(s) of the DVB | E (attach additional pages with sufficient signature b | plocks for each person to sign): |
| (Printed Name) | (Signature) | (Date Signed) |
| (Address of Owner) | (Telephone Number of Owner) | (Tax Identification Number of Owner) |
| (Printed Name) | (Signature) | (Date Signed) |
| (Address of Owner) | (Telephone Number of Owner) | (Tax Identification Number of Owner) |
| Disabled Veteran Manager(s) (if any) of | of the DVBE (attach additional pages with sufficie | nt signature blocks for each person to sign): |
| (Printed Name of DV Manager) | (Signature of DV Manager) | (Date Signed) |

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(Printed Name of DV Manager)

(Signature of DV Manager)

(Date Signed)